

form eruption the man exhibited a complete pustular eruption of face, scalp, neck, upper chest, extensor surfaces of both arms, and dorsum of both hands. On the exposed surfaces the eruption was so thick that much of it was coalescent, but the individual pustules were about the size of a BB shot, typically umbilicated, and the man complained of a terrible backache, with a temperature of 103. The appearance was so striking and suggestive that I isolated the whole family, reported the case to the County Health Officer, who ordered me to treat the case as one of variola.

June 13th with a fever of 103 to 104 the patient became delirious and continued so until death on June 21st.

June 17th the pustules had begun to dry up, and where the surfaces had been kept under a moist chlorazene dressing the ulcers were rather sharp edged and through the complete layers of skin, and would evidently have resulted in typical pits and scars had the man recovered. The patient had become a most repulsive looking object with a very disagreeable odor.

June 21st in the morning, the temperature was normal and the patient was apparently semi-conscious, but during the day the pulse gradually faded out and death occurred at 2:30 p. m.

There were no findings nor history in this case which pointed to syphilis. A gastro-intestinal poisoning might have given a pustular eruption, but hardly with the symptom complex above, nor in my experience, with such profound mental disturbance. Multiform erythema lies open to the same objections. My bulletin on smallpox from the State Board of Health puts great emphasis on the time element in the development of a variola eruption. This case exhibited complete pustulation without any intermediate vesicular stage, 24 hours after the first rash. No other case has appeared here. If the diagnosis of smallpox in this case is erroneous, will some one please suggest a better one?

Comment.

There is no question but that this was a case of confluent smallpox, probably contracted from some person who had what had been called "chicken-pox." Dr. A. A. O'Neill (whose article elsewhere in this issue, should be read) states as follows:

"Some years ago I was requested by the State Board of Health to see some cases which were reported to the office as Manila itch, and upon going to the town designated, the doctor who had reported the cases and who met me at the train, had a marked case of discrete variola—his family too I found to be suffering from the disease. The error in this case was due to the fact that the doctor thought he was suffering from la grippe, and that the rash followed the rather free use of cold tar anti-pyretics. The other cases were, as I said, thought to be some form of itch. Another thing that tended to lead him astray was the fact that there was nothing of the kind in the place, nor had there been for many years."

CASE HISTORIES FROM THE CHILDREN'S DEPARTMENT, UNIVERSITY OF CALIFORNIA MEDICAL SCHOOL AND HOSPITALS.

Case No. 10. February 11, 1920. Female, Chinese. Age 5 weeks. No. 27111. K. L.

Complaint: Convulsions, fever, constipation.

Family History: Father and mother living and well. One brother aged 9 and one brother aged 4 years, living and well. No dead children. One spontaneous miscarriage at 4 months, before birth of last child. No history of tuberculosis or of exposure to it. No history of other illnesses in members of family or in the neighborhood.

Past History: Full term, normal delivery, birth weight 6 pounds. Breast fed entirely. Had occa-

sional distress from gas but regurgitated rarely and no history of projectile vomiting.

Present Illness: The child has apparently been in perfect health, gaining steadily until 4 days before entry, at which time she became constipated with the failure of oleum ricini on two occasions to cause an evacuation. Fever developed 2 days before entry, and together with constipation has persisted since. At irregular intervals during the last 96 hours there have been four convulsions, generalized and tonic in character, not Jacksonian according to the history.

Physical Examination: Well developed and nourished Chinese baby, lying in bed in a tonic convulsion. There are no petechiae or hemorrhages and no cyanosis. There is a slight tache cerebrale. External and middle ears negative. Eyes—palpebral apertures equal, conjugate deviation to the left, pupils equal, not excentric, no reaction to light. Fundi could not be seen. Anterior fontanelle tense but not bulging. Nose, full of frothy mucus. Mouth, chewing and sucking movements constant. Neck, head rotated to left, no retraction and not especially rigid. Lungs, negative to inspection, palpation, auscultation and percussion. Heart, negative. Abdomen, normal contour, not distended, negative to palpation. Genitalia, normal. Extremities, rigidity marked, reflexes exaggerated, no Trousseau. Kernig positive, bilateral.

Laboratory Examinations.

Urine cultures: Father, mother and brother, negative for B. Typhosus.

Throat cultures: Father, mother and brother, negative for B. Typhosus.

Stool cultures: Father and brother, negative for B. Typhosus.

Throat cultures: Patient and brother, streptococcus hemolyticus only.

Spinal fluid: 15 cc. withdrawn, thick, turbid, not increased in pressure. 10 cc. antimeningococcus serum injected. Culture positive for B. Typhosus.

Treatment: 10 cc. antimeningococcus serum injected intraspinally.

10 cc. antimeningococcus serum injected intravenously.

Glucose 4%, 250 cc. injected intraperitoneally.

Gavage feeding of breast milk.

Death occurred 10 hours after entry.

Autopsy Findings and Diagnosis.

Acute fibrino-purulent cerebro-spinal meningitis (B. Typhosus).

Slight acute splenic tumor.

Slight parenchymatous degeneration of kidneys.

Glucose solution in abdomen.

Petechial hemorrhages in pleurae.

Photograph of Pathological Specimen.

Shows extreme degree of exudate on vertex and basal surface of brain.

Discussion: Typhoid meningitis is a distinctly rare disease, especially in the primary form. In the foreign literature 40 cases had been reported to March 1919. The latest summary in America gives a total of 37 cases, absolutely proven, and ruling out localized lesions of the brain or cord due to the bacillus typhosus and following, for instance, trauma. The present case report adds another to the series, and is the youngest on record. In those noted above the youngest case due to the bacillus typhosus was 4 months (one case is reported incidentally, aged 7 weeks, due to the bacillus paratyphosus). Six cases in all have been reported as "primary," i. e., not occurring in the course of a typhoid intestinal infection and with absence of intestinal lesions at autopsy.

While not bearing on this case it is of interest to note the three types of meningeal affection noted in a complication of typhoid fever, namely meningismus, characterized by a negative (essentially) spinal fluid without organisms; serious meningitis, characterized by negative or slightly modified spinal fluid but containing B. Typhosus; and purulent

meningitis, with the well-known characteristics of the spinal fluid and *B. Typhosus* in large numbers. 0.2% of typhoid cases show meningitis while 1.75% of all cases of meningitis are due to the bacillus typhosus according to some statistics, which seem, however, to be entirely too high.

The cases have been uniformly fatal in the purulent form in spite of any treatment instituted.

The course of the case reported was very rapid, but when observation is made of the pathological findings this is not surprising.

The portal of entry has been assumed in the

members of the family. The mode and origin of the infection are, therefore, extremely obscure, as was true in the primary cases above noted, no tracing of the source of infection being possible.

Diagnosis of the condition is the diagnosis of meningitis. No differential diagnosis is possible except bacteriologically. The spinal fluid of course contains bacilli in smear and culture and is usually stained yellow. There is a marked cellular increase and except when a complication is present, e. g., in the presence of a broncho-pneumonia which gives a polymorphonuclear majority, the mononuclears predominate. Without coagulation the white blood cells are not particularly increased and there may be a true typhoid leucopenia.

State Society

The members of the Medical Society of the State of California have been receiving the official publication of the Society during the past four years and have had no increase in State Society dues, each County Society having paid the State organization \$7 yearly for each member. This money serves to keep up the State organization, pays for the publication of the best medical journal in America, for the legal protection of each member, and gives them the full benefit of the co-operation and intellectual contact of his confreres which is so essential to scientific advancement in medicine.

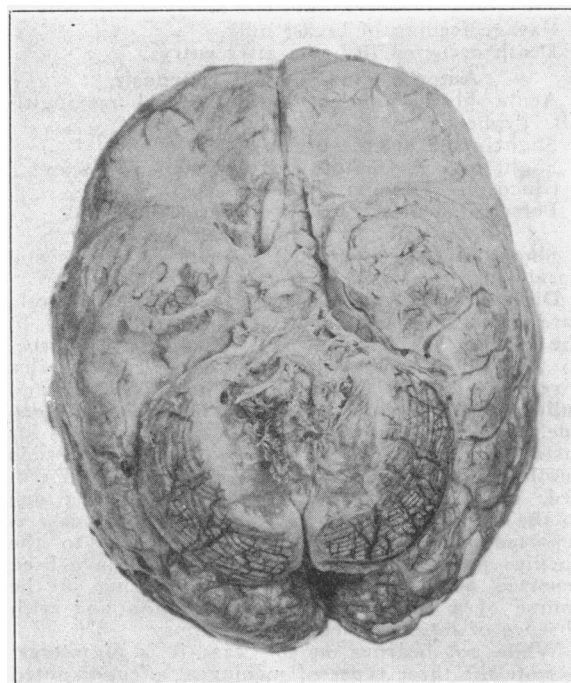
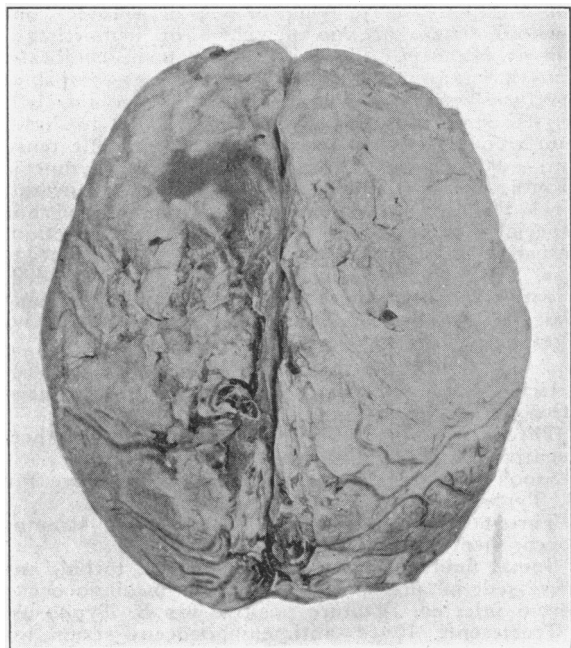
Since the war, wages have increased practically 100 per cent., the cost of printing our Journal has been doubled, and paper stock has gone up 500 per cent. Our average monthly increase for 1918 was \$73; for 1919, \$75 more, and thus far in 1920, \$171.93, or a total average increase per month for the last three years of \$320. All of this has been absorbed and taken care of by the State Medical Society without the increase of one cent in dues. In fact, by careful foresight in the advance purchase of paper we have been able to save to the Society \$2500. But this cannot be done in future.

Our advertisers have been raised a small amount, but in no instance has this raise been commensurate with the increased cost of production. As in all other business where the ascending scale of prices has disturbed the economic equilibrium, the ultimate cost must be paid by the consumer.

The *California State Journal of Medicine* can no longer be run on the financial basis of the past. With the unprecedented demands of labor and the disastrous effects of speculation and profiteering, we are compelled to follow the example of all business and demand an increase in price. This will mean an increase in our advertising rates, and an increase in the dues to the State Medical Society.

Our organization is getting larger all the time, and our office force must be increased to handle the routine work of the Society. This means more floor space and more assistants.

Considering the great advantage the State Medical Society is to medicine, the high quality of scientific papers delivered to our members in our Journal, and the invaluable legal protection



primary cases to be the naso-pharyngeal passages and not the intestinal. Bacteriologic data were entirely negative in this case as to exposure through